

Conclusion: We believe that tumour edge biopsy should be standard practice at primary TURBT.

0813: DOES THE 2 WEEK WAIT REFERRAL PROCESS HAVE AN IMPACT ON BLADDER CANCER PROGNOSIS?

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The two week wait (2WW) pathway has been successful in reducing time to treatment for bladder cancer. However there are still a significant number of patients who present as emergencies with frank haematuria. We sought to establish whether there is a significant difference in prognostic indicators of bladder TCC at presentation between the patients referred to the 2WW haematuria clinic and those presenting as emergencies.

We performed a retrospective cohort study of patients referred with haematuria, comparing tumour stage and grade between patients referred as emergencies and to 2WW haematuria clinics. Only diagnoses of TCC were included.

354 patients presented to A&E with frank haematuria from September 2009 to September 2011. 67 had bladder TCC with 51 new diagnoses, whereas 146 TCCs were diagnosed through 2WW clinic. Of the emergency group 55% had muscle invasive tumours compared to 23% from clinic ($p = <0.001$). The same was true for tumour grade: 79% G3 as emergencies versus 54% from clinic ($p = <0.001$).

We found that patients with TCC that present as emergencies had far worse prognostic indicators at presentation. This supports the need for the inclusion of haematuria in the out of hours urology guidelines within the Acute Oncology Service.

0827: THE INTRODUCTION OF HOLEP TO A DGH: IMPROVED OUTCOMES FOR HOLEP AND CONCURRENT TURP PATIENTS

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Introduction: Both Holmium laser enucleation of the prostate (HoLEP) and TURP are recommended by NICE as surgical treatment options for symptomatic benign prostatic enlargement. Three years ago HoLEP was introduced to our institution alongside TURP. The aim of this study was to examine the effect of introducing HoLEP on: resection weight, length of stay (LOS) and transfusion rate, and also examine what impact this had on patients concurrently undergoing TURPs.

Methods: We retrospectively analysed all TURPs (TURP-08-11) and HoLEPs performed at our unit from the introduction of HoLEP in April 2008 to July 2011. We also analysed all TURPs in the 12 months preceding April 2008 to form a historical control (TURP-07).

Results: A total of 769 procedures were performed: 161 TURP-07, 425 TURP-08-11, and 183 HoLEP. The rate of transfusion was 5.5%, 2.2% and 1.6% in the TURP-07, TURP-08-11 and HoLEP groups, respectively. The median LOS for HoLEP was 3 days compared to 5.6 and 4.4 for TURP-07 and TURP-08-11, respectively.

Conclusion: The introduction of HoLEP alongside TURP has significantly reduced LOS and transfusion rates for all patients. HoLEP patients had the largest reductions, but notably TURPs done in an institution also performing HoLEP showed significant improvements in outcomes as well.

0880: MAPPING PROSTATE BIOPSIES DOES NOT INCREASE THE ACCURACY OF PROSTATE CANCER STAGING

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Aim: Performing a staging MRI in the presence of positive apical biopsies is a standard practice in many prostate cancer centres. We aimed to assess the value of mapping prostate biopsies.

Method: Data from 206 patients diagnosed with prostate cancer between January 2010 and September 2011 were retrospectively collected. Presenting PSA, clinical stage, Gleason score, apical positivity and imaging results were analyzed using Chi square test on SPSS 20.

Results: One hundred and twenty seven of 159 patients with apical involvement and 29 of 47 without had an MRI of the pelvis, with extraprostatic disease found in 43 and 6 patients respectively ($p=0.186$). This difference was not statistically significant even stratifying for PSA level and Gleason score. In multivariate analysis, the largest subgroup comprised

patients with PSA ≤ 10 and Gleason 6 or 7, where again results were not significant ($p=0.516$ and 0.525 respectively). Similarly, bone scan results were comparable, with 11 of 87 patients with positive apex and 2 of 18 with negative apex having bone metastases ($p=0.283$).

Conclusion: Our data shows that mapping prostate biopsies and performing an MRI in the presence of apical involvement does not increase the accuracy of prostate cancer staging.

0918: THE ROLE OF AN ENHANCED RECOVERY PROGRAMME FOR PATIENTS UNDERGOING RADICAL CYSTECTOMY

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Aim: An Enhanced Recovery Programme (ERP) reduces hospital stay, and improves peri-operative complication rates in colonic resection patients. Its role in urological surgery however, has been the subject of debate.

We examine the role of an ERP tailored to radical cystectomy at a tertiary centre.

Method: A retrospective review of 32 cystectomies (November 2009 - September 2011). 16 ERP cases (median age 69, range 56 - 76) were compared to 16 non-ERP cases (median age 69, range 65 - 80). Co-morbidities were quantified using the Charlson Co-morbidity Index (CCI). Outcome measures included time to oral nutrition, bowel action, mobilisation, discharge and complications.

Results: There was no statistical difference in CCI between the two groups. Median ERP discharge was day 14 (range 7 - 44) compared to day 18 (range 9 - 24) in the non-ERP patients. Median date of ERP patients achieving oral consumption was day 6 compared to day 8 in non-ERP patients. Similar results were observed with mobilisation and bowel action. There was no statistical difference in complications in both groups at 3 months (range 1 to 12).

Conclusion: Application of ERP to radical cystectomy has been successfully used. We demonstrate an improved recovery and earlier discharge.

0943: CAN ACUTE RENAL COLIC PRESENTATIONS BE ANTICIPATED DURING THE DAY? A PROSPECTIVE ANALYSIS OF CT-KUB SCANS IN A BUSY EMERGENCY DEPARTMENT

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Background: Renal colic is a common urological emergency and can place a large burden on limited health resources. At our institution if a renal colic is suspected a patient undergoes a CT-KUB in the Emergency department prior to referral. We aim to determine if the presentation of renal colic to the emergency department can be anticipated and therefore assist organisational planning.

Method: A prospective analysis of all suspected renal colic patients with a CT-KUB scan between August and December 2011 was undertaken. We recorded demographics, Urine dip, Time of CT-KUB and Stone size (if present).

Results: Data from 217 patients was recorded and 93 patients showed CT-KUB evidence of ureteric calculi. Most CT-KUB's were performed between 1400-1600(33/217) and least between 0200-0400 (11/217). The greatest number of calculi were diagnosed between 1000-1200(9/93) and least 02-0400(4/93). Overall, between 0800 and 2000, 169/217 (78%) CT-KUB requests were made and 69/93 (74%) stones diagnosed. An average of 18.6 calculi were diagnosed a month (12-24) from a monthly average of 43.4 CT-KUBs (33-52).

Conclusion: Suspected renal colic is less likely to present to the Emergency department during the night but a significant proportion of calculi and CT-KUB scans present at this time.

0967: THE SUCCESS AND LIMITATION OF ROBOTIC ASSISTED INTRAVESICAL URETERIC REIMPLANTATION

Jun-Hong Lim, Nicholas Gattas, Azad Najmaldin. *Leeds General Infirmary, Leeds, UK; Robotic technology is increasingly being used in surgical procedures. We present our early experience of robotic intravesical ureteric reimplantation*

All children who had ureteric reimplantation from April to July 2011 were included in this prospective study. Patient demographics, indications for surgery, vesicoureteric reflux grade, total operating time and console time, reason for conversion to open surgery, timing of discharge and complications were noted.

8 ureters in 5 patients (age 26 months - 7 years) were operated. Reflux grade of 3 to 5 in all but 1 who had a symptomatic grade 1 following deflux